



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 10/574,048
Filed: March 29, 2006
1st Inventor: K. Kubo
For: Thiazoline Derivative and Use of the Same
Atty. Dkt. No. 3191US0P

Art Unit: tba
Examiner: tba
Allowed:
Batch:
Paper No.:

Submission of Executed Declaration

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicants herewith submit a true and correct copy of the duly executed Declaration of the inventors for the above-identified application.

Also enclosed is a true and correct copy of the Assignment, and Assignment Recordation Cover Sheet.

Applicants herewith authorize the Commission to charge the Applicants' USPTO deposit account No. 500799 for any fees deemed appropriate.

Should the Examiner believe that a conference with applicants' attorney would advance prosecution of this application, he is respectfully requested to call applicants' attorney at (847) 383-3372.

Respectfully submitted,

Dated:  April 11, 2006

(847) 383-3372
(847) 383-3391



Mark Chao, Ph.D., Reg. No. 37,293
Elaine M. Ramesh, Ph.D., Reg. No. 43,032
Attorney for Applicants
Customer No. 23115

Takeda Pharmaceuticals North America, Inc.
Intellectual Property Department
475 Half Day Road
Lincolnshire, IL 60069 USA



5-1536 AP3 Rec'd PCT/PTO 12 MAY 2006 PCT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 10/574,048

Filed: March 29, 2006

1st Inventor: K. Kubo

For: Thiazoline Derivative and Use of the Same

Atty. Dkt. No. 3191US0P

Art Unit: tba

Examiner: tba

Allowed:

Batch:

Paper No.:

CERTIFICATE OF EXPRESS MAILING UNDER 37 CFR 1.10

USPS EXPRESS MAIL LABEL No. EV 684084865 US

DATE IN: May 12, 2006

Itemized Papers/Items:

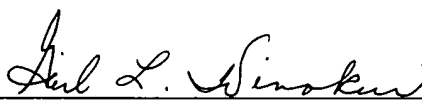
1. This Certificate of Express Mailing and Return Postcard (2 pages)
2. Transmittal Form (1 page) and Fee Transmittal Form (1 page x 2)
3. Submission of Executed Declaration (1 page)
4. Copy of executed Declaration (4 pages)
5. Copy of executed Assignment (2 pages), and Recordation Cover Sheet (1 page X 2)

The undersigned hereby certifies that the above itemized papers are together being deposited with the Express Mail Post Office to Addressee service of the United States Postal Service (USPS) in an envelope with sufficient postage, having the USPS Express Mail Label No. shown above, and addressed to:

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

on this date, 5/12/06

Dated: 5/12/06


Gail L. Winokur

Takeda Pharmaceuticals North America, Inc.
Intellectual Property Department
475 Half Day Road
Lincolnshire, IL 60069 USA



PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

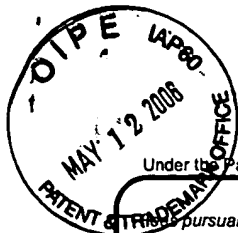
TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/574,048	
	Filing Date	3/29/2006	
	First Named Inventor	K. Kubo	
	Art Unit	tba	
	Examiner Name	tba	
Total Number of Pages in This Submission	14	Attorney Docket Number	3191US0P

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Return Postcard;
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	Certificate of Express Mailing;
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	Copy of Executed Declaration
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	Remarks	Copy of Executed Assignment
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	The Commissioner is authorized to charge any appropriate fees or credit any overpayment to Applicant's USPTO Deposit Account No. 500799.	Submission of Declaration
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name		
Signature		
Printed name	Mark Chao	
Date	5/12/06	Reg. No. 37,293

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being for transmittal to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: <u>Express</u>		
Signature		
Typed or printed name	Gail L. Winokur	Date 5/12/06

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number

FEE TRANSMITTAL For FY 2006		Complete if Known	
		Application Number	10/574,048
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	March 29, 2006
TOTAL AMOUNT OF PAYMENT (\$) 130.00		First Named Inventor	K. Kubo
		Examiner Name	tba
		Art Unit	tba
		Attorney Docket No.	3191US0P

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 500799 Deposit Account Name: Takeda Pharmaceutical Company

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims	Extra Claims	Fee (\$)
- 20 or HP = _____ x _____ = _____		
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims	Extra Claims	Fee (\$)
- 3 or HP = _____ x _____ = _____		
HP = highest number of independent claims paid for, if greater than 3.		

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____				

4. OTHER FEE(S)

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): Submission of Declaration and Assignment	130.00

SUBMITTED BY		
Signature		Registration No. (Attorney/Agent) 37,293
Name (Print/Type)	Mark Chao, Ph.D., JD	Telephone 847-383-3372
		Date 5/12/06

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

05/19/2006 ATRAN1

00000132 500799 10574048

01 FC:1617

130.00 DA

Express Mail # 2V684084865US